



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ASSOCIATED ORTHOPEDICS
4031 PLANO PKWY SUITE 100
PLANO TX 75093

Respondent Name

LIBERTY INSURANCE CORP

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-11-3525-01

MFDR Date Received

JUNE 14, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "PA is licensed"

Amount in Dispute: \$2,422.01

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Medicare does not recognize orthopedic physician assistants (OPA-C) as approved providers."

Response Submitted by: Liberty Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 3, 2010	CPT Code 29827-AS	\$1,291.45	\$0.00
	CPT Code 29824-AS-51	\$397.04	\$0.00
	CPT Code 29826-AS-51	\$395.39	\$0.00
	CPT Code 29822-AS-59	\$338.13	\$0.00
TOTAL		\$2,422.01	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the

disputes services.

3. 22 Texas Administrative Code §184.4, effective August 10, 2008, sets out the requirements for surgical assistants.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- X062-Payment is not recommended for non-licensed personnel assisting in surgery.
- X605-The charge exceeds the scheduled allowance for multiple procedures.
- X598-Claim has been re-evaluated based on additional documentation submitted; no additional payment due.

Issues

1. Does the submitted documentation support that the requestor is a licensed by the Texas Medical Board as a surgical assistant?
2. Does the submitted documentation support the billed services?
3. Is the requestor entitled to reimbursement?

Findings

1. The basis of this dispute is whether an OPA-C is entitled to reimbursement for surgical assistant services.

The respondent denied reimbursement for the disputed services based upon reason code “X062-Payment is not recommended for non-licensed personnel assisting in surgery.”

A review of the submitted medical bill finds in Box 31 the name of Nilesh Patel OPA-C, license number OPAC740.

22 Texas Administrative Code §184.4(a)(13) regarding surgical assistants states “have successfully completed an educational program as set forth in subparagraphs (A) and (B) of this paragraph:

(A) A surgical assistant program accredited by Commission on Accreditation of Allied Health Education Programs (CAAHEP); or

(B) A substantially equivalent program that is one of the following:

- (i) a medical school whereby the applicant can verify completion of basic and clinical sciences coursework;
- (ii) a registered nurse first assistant program that is approved by the Texas Board of Nursing for purposes of licensure as a registered nurse by; and
- (iii) an accredited surgical physician assistant program that is approved by the Texas Physician Assistant Board for purposes of physician assistant licensure.”

The requestor did not submit documentation to support that the Orthopedic Physician Assistant is licensed by the Texas Medical Board to perform the disputed services as a surgical assistant.

2. The submitted Operative Note finds Nilesh Patel, OPA-C listed as the assist for surgeon Adam Kouyoumjian, DO.

Dr. Kouyoumjian’s report does not indicate which services or procedures the assistant performed.

Nilesh Patel, OPA-C did not submit a report to support the billed services.

3. 28 Texas Administrative Code §134.203(b)(1) states “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

The requestor appended modifier AS to CPT code 29827, 29824, 29826, and 29822. Modifier AS is defined as “Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.”

Per the 2011 Trailblazers Surgery Manual “Orthopedic Physician Assistant (OPA) may not be reimbursed for assistant surgery”.

Because the Division applies Medicare payment policies the OPA is not entitled to reimbursement. As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		1/22/2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.